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STATE OF MARYLAND MARYLAND INSURANCE ADMINISTRATION 525 St. Paul Place, Baltimore, Maryland 21202-2272

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BULLETIN 04-6

To: Presidents, Insurers Domiciled in California and Massachusetts that Write Workers'

Compensation Business in Maryland

Re: Deposits for Workers' Compensation Liabilities in Maryland

Date: April 7, 2004

Section 6-303 of the Insurance Article of the Annotated Code of Maryland provides the following:

When by or pursuant to the laws of any other state or foreign country any taxes, licenses and other fees other than fees similar to the assessment fee established under Title 2, Subtitle 5 of this article, in the aggregate, and any fines, penalties, deposit requirements or other material obligations, prohibitions or restrictions are or would be imposed upon Maryland insurers, or upon the insurance producers or representatives of such insurers, which are in excess of such taxes, licenses and other fees, in the aggregate, or which are in excess of the fines, penalties, deposit requirements or other obligations, prohibitions, or restrictions directly imposed upon similar insurers, or upon the insurance producers or representatives of such insurers, of such other state or country under the statutes of this State, so long as such laws of such other state or country continue in force or are so applied, the same taxes, licenses and other fees, in the aggregate, or fines, penalties or deposit requirements or other material obligations, prohibitions, or restrictions of whatever kind shall be imposed by the Commissioner upon the insurers, or upon the insurance producers or representatives of such insurers, of such other state or country doing business or seeking to do business in Maryland.

The insurance statutes of California and Massachusetts require that insurers writing workers' compensation business in their states, including foreign insurers, to deposit funds with those states to secure their workers' compensation obligations in those states. While similar deposit requirements are not imposed on insurers under Maryland's insurance laws, pursuant to Section 6-303, the Administration must impose the same deposit requirements on insurers domiciled in California and Massachusetts that are authorized to write workers' compensation business in Maryland.

The Administration has developed a *Maryland Retaliatory Deposit Schedule* for use by insurers domiciled in California and Massachusetts and authorized to write worker's compensation business in Maryland. The purpose of this Schedule is to determine the amount of the deposit required to be provided to the Administration pursuant to Section 6-303. These insurers are required to perform the following:

- 1. File a completed *Maryland Retaliatory Deposit Schedule* with the Administration annually on or before April 1 of each year.
- 2. On or before May 15 of each year, ensure that the amount of cash and the current market value amount of the securities deposited with the Administration is at least equal to the amount determined on the *Maryland Retaliatory Deposit Schedule*.

For 2004 only, insurers will be required to file a completed *Maryland Retaliatory Deposit Schedule* with the Administration annually on or before June 1, 2004. In addition, insurers will be required to ensure that the amount of cash and the current market value amount of the securities deposited with the Administration is at least equal to the amount determined on the *Maryland Retaliatory Deposit Schedule* on or before July 15, 2004.

Section 5-701 of the Insurance Article provides that deposits made to satisfy the requirement of Section 6-303 of the Insurance Article shall be in any combination of cash or government securities described in Section 5-510(b) or Section 5-607(b)(1)(i), (ii) or (iii) of the Insurance article. Permitted government securities include: (1) bonds or other evidences of indebtedness of the United States or an agency of the United States if the obligation is guaranteed as to principal and interest by the United States; (2) bonds or other evidences of indebtedness that are the direct obligations of the State or of a county, district, or municipal corporation of the State; or (3) bonds or other evidences of indebtedness that are direct obligations of another state.

Insurers subject to this Bulletin must deposit the cash and securities with a custodian approved by the Maryland State Treasurer's Office. Custodial agreement forms and instructions may be obtained from the State Treasurer's Office, Room 109, Goldstein Building, 80 Calvert Street, Annapolis, Maryland 21401, telephone (410) 260-7164

A copy of the *Maryland Retaliatory Deposit Schedule* is attached to this Bulletin. In addition, the Schedule will be posted in Excel format on the Administration's website, www.mdinsurance.state.md.us.

If you have any questions regarding this matter, please contact Neil Miller, Chief Financial Analyst, at (410) 468-2122.

Signature on file with original document Lester C. Schott Associate Commissioner

MARYLAND RETALIATORY DEPOSIT SCHEDULE

for Unpaid Workers' Compensation Losses (Maryland Business).

For the Year Ended December 31, 2003
(for the determination of the deposit or bond required under Section 6-303 of the Maryland Insurance Code) (Nearest Dollar)

NAIC NUMBI	≣R		NAME OF IN	SURER			PRINCIPAI	_ OFFICE		ENTER 1	IF MA COMPANY
PART I	MASSA	CHUSETT	TS DEPO	SIT SCHEDULE							
				TOTAL				TOTAL			
							WORKER		LOSS		
			PR				I			I	NET
		Direct				Direct					NET WORKERS'
		(To Agree		To Reinsurers Licensed							COMPENSATION
		with MD		To Transact Business	TOTAL x 70%	with MD		To Transact	Business	TOTAL	RESERVES
		State Page)	Assumed	In Maryland	(COL 1+2-3)	State Page)	Assumed	In Mary	land	(COL 5+6-7)	(COLS. 4 + 8)
		(1)	(2)	(3)	(4)	(5)	(6)	(7)		(8)	(9)
		\$ -			0	-				0	\$ -
											-
Total Bond or	Deposit Requi	ired (Round up	to the nearest	\$5,000) (Minimum Deposit \$5	0,000						0
PART II	CALIFO	DRNIA DE	POSIT S	CHEDIII E (from Pa	rt VI)						
		JIMIA DE	.1 0011 0	STIEDOEE (HOIII T a	(V I)					CARRY OF	T FOR FACIL
		650/ OE	EADNED	DEDUCT LOSS DAVMENT		DEMAINDED (CO	1 1	LINDAID COME	DENIGATION		IT FOR EACH UNT STATED
											3 OR 4
											R IS GREATER
				(2)		(3)		(4)	, ,		(5)
2001		\$	-	0	\$, ,	-	\$	-	\$	-
2002			-	0			-		-		-
2003			-	0			-		-		-
Total		\$	-	\$ -	\$		-	\$	-	\$	-
					eriod)					\$	-
				nd period (Part II, Col. 5)						\$	-
(8) Total Dep	osit Required	(Minimum Depo	osit \$100,000)								100,000.00
DAPT III	SCHEI	OUI E OE	DEINGHE	ANCE ASSUMED	(Massack	nueotte and	l California	Companies	-1		
		-		-				serve (Massachus	setts companie	es only)	
and unpaid to	33C3 (California	a companics in	cidae ioss aaje	istinent expenses) nom each.							
NAIC										REINSURANCE PA	
		NA	ME OF PEINSU	DED						PAID LOSSES (Total	
HOMBER		INA	INIC OF INCINOU	IXLIX	DOMINOILL	(Total	to Agree with rait i	, (0) 2)	1 dit	i, coro or rait vi, c	013 17 + 19)
	TOTAL				XXX	\$		-	\$		-
DAPT IV	SCHE	DIII E OE	DEINIGHE	ANCE CEDED (M	seeschue	otte and C	alifornia Co	mnanies)			
									!!-\		
									monzeu		
to assume co	Inpensation in	surance in iviary	nanu in Section	1 D. The data entered in this si	l				PEI	NSURANCE RECO	/EDARI E
NAIC										PAID LOSSES (Total	
		NAM	ME OF REINSU	JRER						art 1, Col 7 or Part V	
	Section (A)					(1.0.01					
						\$		-	\$		-
								-			-
								-			-
								-			-
								-			-
								-			-
	TOTAL					\$			\$		-
	Section (B)								<u> </u>		
						\$		-	\$		-
											-
	Tetal				YYV	\$			\$		-
	Grand Total				7000	Ι Ψ			Ψ		
PART V	CERTII	FICATION	(Massa	chusetts and Califo	rnia Com	panies)					
WORKERS COMPRIGHT ON LINEARISED PREMIUM SERVICES PREMIUM											
WORKERS COMPENSATION LINE PROBLEM PROBLEMS COMPENSATION LINE PROBLEMS REQUIRED TO COMPENSATION LINE PROBLEMS SUMM PROPAL Assumed To Recover Line Problems (100 to 100							•				
	County of										
											
				(Name of Insurer)				_	_	_	
			,						Titl.		
		er (Print or Typ	e)		Sig	nature			Little		
	Name of Office	o. (o)p									

statement for the period specified, based upon information and belief.

MARYLAND RETALIATORY DEPOSIT SCHEDULE

for Unpaid Workers' Compensation Losses (Maryland Business). For the Year Ended December 31, 2003

(for the determination of the deposit or bond required under Section 6-303 of the Maryland Insurance Code) (Nearest Dollar)

 0
 0
 0
 PRINCIPAL OFFICE

 NAIC NUMBER
 OF
 PRINCIPAL OFFICE

PART VI CALIFORNIA COMPANIES ONLY

Workers!	Compensation	Dromiume	Earned	(Maryland	Bucinese)

				EARNED PREMIUMS ON	NET EARNED
	NET EARNED COMPENSATION	DIRECT PREMIUMS EARNED	AMOUNT OF EARNED	REINSURANCE CEDED	COMPENSATION
YEARS IN WHICH	PREMIUMS PRIOR TO	CURRENT REPORTING YEAR	COMPENSATION	TO REINSURANCE LICENSED	PREMIUMS (AS
PREMIUMS WERE	CURRENT REPORTING YEAR	MD STATE PAGE, ANN. STAT.)	PREMIUMS ON TO TRANSACT		ADJUSTED) (COL.1
EARNED			REINSURANCE ASSUMED	COMPENSATION INSURANCE	PLUS COLS. 2 AND
				IN MARYLAND	3, LESS COL. 4)
	(1)	(2)	(3)	(4)	(5)
2001	0.00	xxx	xxx	xxx	\$ -
2002	0.00	XXX	xxx	xxx	0.00
2003	xxx	0.00	0.00	0.00	0.00
Total	\$ 0.00	\$ -	\$	\$ -	\$ -

Compensation Loss Payments (Net as to Reinsurance)

				REINSURANCE RECOVERED DURING 2003	
YEAR IN WHICH COMPENSATION POLICIES	NET COMPENSATION LOSS PAYMENTS PRIOR TO	DIRECT LOSSES PAID CURRENT REPORTING YEAR	LOSSES PAID DURING CURRENT REPORTING YEAR	ON LOSSES PAID FROM REINSURERS LICENSED	CUMULATIVE TO CURR. REPORTING YEAR
WERE ISSUED AND	CURRENT REPORTING YEAR	MD STATE PAGE, ANN. STAT.)	ON REINSURANCE ASSUMED	TO TRANSACT	(COL. 6, PLUS COLS.
LOSSES WERE INCURRED				COMPENSATION INSURANCE	7 AND 8, LESS COL. 9)
				IN MARYLAND	
	(6)	(7)	(8)	(9)	(10)
PRIOR TO 2001	\$ xxx	\$ -	\$	\$	\$ xxx
Total first period	xxx	0.00	0.00	0.00	XXX
2001	0.00	0.00	0.00	0.00	0.00
2002	0.00	0.00	0.00	0.00	0.00
2003	xxx	0.00	0.00	0.00	0.00
Total second period	0.00	0.00	0.00	0.00	0.00
Grand Total	\$ xxx	\$	\$ -	\$	\$ xxx

		COMPE	TOTAL		
		COMPE	NSATION LOSS EXPENSE PAYMENTS	5	TOTAL
YEAR IN WHICH	COMPENSATION	(NET AS TO REINSURA	COMPENSATION		
COMPENSATION POLICIES	LOSS PAYMENTS	TO TRANSACT	COMPENSATION INSURANCE IN MAR	RYLAND)	LOSS AND LOSS
WERE ISSUED AND	(COL. 10)	ALLOCATED	UNALLOCATED	TOTAL (COL. 12	EXPENSE PAYMENTS
LOSSES WERE INCURRED			(FROM COL. 30)	PLUS COL. 13)	(COL. 11 PLUS COL. 14)
	(11)	(12)	(13)	(14)	(15)
PRIOR TO 2001	\$ xxx	\$ -	0	\$ -	\$ xxx
Total first period	xxx	0.00	0	0.00	\$ xxx
2001	0.00	0.00	0	0.00	0.00
2002	0.00	0.00	0	0.00	0.00
2003	0.00	0.00	0	0.00	0.00
Total second period	0.00	0.00	0.00	0.00	0.00
Grand Total	\$ xxx	\$ -	s -	\$ -	\$ xxx

Compensation Reserve for Losses and Loss Expenses

Compensation reserve for cosses and coss expenses												
		RESERVE FOR	COMPENSATION LOSS	REINSURANCE								
_		WITHOUT I	DEDUCTION FOR REINSUF	RECOVERABLE ON UNPAID	UNPAID COMPENSATION							
						LOSSES AND LOSS EXPENSES	LOSSES AND LOSS					
YEAR IN WHICH	TOTAL ES	TIMATED	TOTAL ESTIMA	ATED		FROM REINSURERS	EXPENSES (AS					
COMPENSATION POLICIES	RESER\	/E FOR	RESERVE FOR COM	PENSATION	TOTAL	LICENSED TO TRANSACT	ADJUSTED) (COL. 20					
WERE ISSUED AND LOSSES	COMPENSATION LOSSES		LOSS EXPEN	NSE	(COL. 16 PLUS COL. 17	COMPENSATION	LESS COL. 21)					
WERE INCURRED	RED				PLUS COL. 18 PLUS COL 19)	18 PLUS COL 19) INSURANCE IN MARYLAND						
	Direct	Assumed	Direct	Assumed								
	(16)	(17)	(18)	(19)	(20)	(21)	(22)					
PRIOR TO 2001	0.00	0.00	0.00	0.00	\$ -	\$ -	\$ -					
Total first period	0.00	0.00	0.00	0.00	0.00	0.00	0.00					
2001	0.00	0.00	0.00	0.00	0.00	0.00	0.00					
2002	0.00	0.00	0.00	0.00	0.00	0.00	0.00					
2003	0.00	0.00	0.00	0.00	0.00	0.00	0.00					
Total second period	0.00	0.00	0.00	0.00	0.00	0.00	0.00					
Grand Total	0.00	0.00	0.00	0.00	\$ -	-	s -					

Distribution of Unallocated Compensation Claim Expenses (Maryland Business)

Net as to reinsurance ceded to reinsurers authorized to transact compensation insurance in Marylance

	NET LOSSES PAID		UNALLOCATED CLAIM EXPENSES CALENDAR YEAR		GES FOR	DIS	ATED	
	IN CURRENT	PERCENTAGE	ASSOCIATED WITH	ASSOCIATED	TOTAL	2003	PRIOR TO 2003	TOTAL TO
ACCIDENT	REPORTING YEAR	DISTRIBUTION	YEAR LOSSES WERE	WITH	PERCENTAGE	CALENDAR	CALENDAR	DATE FOR
YEAR	(COL 7 PLUS COL. 8	OF COLUMN (1)	PAID (ONE HALF OF	YEAR LOSS	DISTRIBUTION	YEAR EXPENSES	YEAR	COL. 13
	LESS COL. 9)		COLUMN (23)	OCCURRED	COL. (25)+(26)	x COLUMN (27)		(COL 28
								PLUS COL. 29)
	(23)	(24)	(25)	(26)	(27)	(28)	(29)	(30)
PRIOR TO 2001	0.00	0	0.00%	0.00%	0.00%	\$ -	0.00	\$ -
2001	0.00	0	0.00%	0.00%	0.00%	0.00	0.00	0.00
2002	0.00	0	0.00%	0.00%	0.00%	0.00	0.00	0.00
2003	0.00	0	0.00%	0.00%	0.00%	0.00	XXX	0.00
Total	\$ -	0%	0%	0%	0%	\$ -	\$ -	\$ -

NOTE: For companies which have been issuing polices for one year or less, disregard columns (23) through (27) and assign all unallocated claim expenses paid to the latest accident year.

NOTE: Column 25 total should equal 50%. Column 26 total should equal 50%. Column 27 total should equal 100%

INSTRUCTIONS:

- 1. Report Maryland business only
- 2. **Due Date** for this schedule is on or before April 1 of each year.
- 3. Massachusetts Companies complete Parts I, III, IV and V only.
- 4. California companies complete Parts II thorough VI.
- 5. Enter data in fields that are highlighted. All other fields will automatically calculate.
- 6. Return one copy of this form to the Maryland Insurance Administration, Chief Financial Analyst Examination and Auditing, 525 St. Paul Place, Baltimore, MD 21202-2272